Date:

UNITED STATES DISTRICT COURT for the Southern District of New York JILL FONG, M.D., Plaintiff(s) v. Civil Action No. WEILL CORNELL MEDICAL COLLEGE, NEW YORK PRESBYTERIAN HOSPITAL, and HUGH C. HEMMINGS, JR., M.D., Defendant(s) SUMMONS IN A CIVIL ACTION To: (Defendant's name and address) Dr. Hugh C. Hemmings, Jr., M.D. Weill Cornell Medical College 1300 York Avenue New York, New York 10065 A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are: Jason A. Stewart, Esq. The Law Offices of Neal Brickman, P.C. The Graybar Building 420 Lexington Avenue, Suite 2440 New York, New York 10170 If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| This summons for (n | ame of individual and title, if any) | | | |
|-----------------------------|--|----------------------------|---------------|------------|
| as received by me on (date) | · . | | | |
| ☐ I personally serve | ed the summons on the individual at | (place) | | |
| on (date) | | | | ; or |
| ☐ I left the summon | s at the individual's residence or usu | nal place of abode with (n | ame) | |
| | , a person o | of suitable age and discre | tion who resi | des there, |
| on (date) | , and mailed a copy to the | e individual's last known | address; or | |
| ☐ I served the sumn | nons on (name of individual) | | | , who |
| designated by law to | accept service of process on behalf | of (name of organization) | | |
| | | on (date) | | ; or |
| ☐ I returned the sum | nmons unexecuted because | | | ; 0 |
| ☐ Other (specify): | | | | |
| My fees are \$ | for travel and \$ | for services, for | a total of \$ | 0.00 |
| I declare under nenal | ty of perjury that this information is | true | | |
| r deciare under penas | ty of perjury that this information is | titue. | | |
| te: | | | | |
| | | Server's signo | uture | |
| | · | Printed name a | nd title | |
| | | | | |
| | | Server's add | ress | |

Additional information regarding attempted service, etc: